DHHS PLAN TO IMPROVE COMMUNITY SUPPORT SERVICES

In February 2007, the Department of Health and Human Services (DHHS) announced an action plan to address the quality of Community Support Services provided across North Carolina. The activities of the initial plan included additional training for providers, clinical post payment reviews on all recipients receiving an average of 12 or more hours of Community Support a week, revisions to the endorsement checklists used by the Local Management Entities to determine that providers have the necessary qualifications to deliver the service, and some changes to the Community Support service definition. The plan also called for ongoing review to determine if additional activities would be necessary to ensure the quality of services provided.

During the recently ended legislative session, the N. C. General Assembly also took action to address growing concerns regarding the quality of the Community Support service, the preliminary results of audits and reviews conducted or authorized by DHHS and rapid expansion and growth of the service. This revised plan, which has been developed in collaboration with the Local Management Entities (LMEs), includes those legislative requirements as well as additional actions necessary to improve the quality of the service delivered, clarify the intent of the service, and correct abuses of the service observed by DHHS and the LMEs.

Actions to Improve the Quality of the Service Going Forward

- Implement changes to the Community Support Service definition, currently posted for 45 day public comment period http://www.dhhs.state.nc.us/dma/mp/proposedmp.htm. These changes, which are scheduled to be implemented January 1, 2008 will:
    - incorporate changes required by the General Assembly;
    - clarify that Community Support is a rehabilitative, treatment service that is needed to address the mental illness and/or substance use disorder diagnosis and symptoms associated with the diagnosis and is designed to achieve clinical outcomes;
    - establish limits on the amount of service that adults may receive and, subject to other applicable Medicaid requirements, establish "guiding parameters" on the amounts of service that should insure efficiency of care for children and adolescents.
    - clarify the activities that are billable as Community Support;
    - increase the quality of the service by requiring at least 25% of the service delivered to any individual recipient to be delivered by staff meeting the definition of Qualified Professional.

  A complete summary of all the revisions to the service definitions may be found on the web link listed above.

- Suspend the endorsement of new Community Support providers until new provider qualifications for comprehensive Community Support providers are

developed and new Medicaid rules regarding training, provider enrollment and termination are implemented. This endorsement suspension is anticipated to last until July 1, 2008. DHHS will simultaneously implement a process to grant exceptions to the suspension in cases where access to care, especially for services to substance abusers, may be negatively impacted by the suspension.

- Implement a process for LMEs to interact with the Medicaid prior authorization vendor, ValueOptions, to ensure that service authorization decisions are made with the best, most complete information possible.

- Produce provider profile reports to better inform consumers and families about the quality of services being delivered by individual providers. This will improve overall service quality by giving consumers and families the information needed to make an informed choice of provider.

Actions to Address Identified Provider Performance Issues

- Providers will be required to pay back to the Medicaid program any payments they received for services that LME clinicians have determined through the post payment review process were not medically necessary. Providers will also be required to develop corrective action plans detailing the actions the provider will take to prevent such problems in the future. In order to ensure that providers make implementing the appropriate corrective actions a high priority and to protect DHHS financially until providers make the necessary paybacks, DHHS will institute a partial withholding of future payments to approximately 185 providers subject to these actions until the providers fulfill these requirements.

- LMEs will continue to conduct medical records reviews and post payment clinical reviews to identify any other inappropriate payments and to ensure providers' implement approved corrective actions plans as promised.

- DHHS will initiate other provider sanctions, up to and including termination from the Medicaid program, for providers documented to have provided grossly unacceptable services or that have demonstrated an ongoing, systematic failure to comply with Medicaid rules and regulations

Other Activities

- Implement expedited hearing and appeals procedures and identify additional staff to assist the hearing office in processing the backlog of medical necessity appeals for Community Support.

- Implement edits and audits in the Medicaid and state funded services claims payment systems to prevent inappropriate payments.